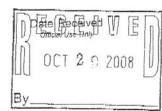
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Candidate

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



A Public Document

Please type or print in ink	A T uoi	ne Document	БУ	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Fernandez	Mary	Seastrom	A STATE OF THE STA	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP GODE	OPTIONAL: FAX / E-MAIL ADDRESS	
1010 0 011001, 01110 000	3.00			
1. Office, Agency, or Court		4. Schedule Summa	ary	
Name of Office, Agency, or Court:	- ALVARANT SI	→ Total number of pages		
California Department of Corrections & Rehabilitation		Including this cover page:1		
Division, Board, District, if applicable		- Check applicable sched	ules or "No reportable	
Administration			interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules: Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes - schedule attached Investments (10% or greater Ownership)		
Undersecretary				
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)				
Agency:				
Position;		Schedule B Yes - Real Property	schedule attachéd	
2. Jurisdiction of Office (Che		Income, Loans, & Business and Travel Payments)	schedule attached Positions (Income Other than Gifts schedule attached	
City of			- land to attracted	
[a A]		Schedule E Yes – schedule attached Income – Travel Payments		
Multi-County		-10-		
Other		No reportable interests on any schedule		
3. Type of Statement (Check	at least one box)	⊠ No reportable interess	to on any concurre	
.=*	10,16,08			
Assuming Office/Initial Date:	10,000	5. Verification		
Annual: The period covered is J through December (1, 2006.	is January 1, 2006, I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the bes		le diligence in preparing this this statement and to the best	
-or-		of my knowledge the informa	ation contained herein and in any	
O The period covered is/_ December 31, 2006.	/, through	attached schedules is true and complete. I certify under penalty of perjury under the laws of the State		
Leaving Office Date Left:/. (Check one)	aving Office Date Left:/		of California that the foregoing is true and correct.	
O The period covered is January 1, 2006, through the date of leaving office.		Date Signed 10 20 8		
-01-				
O The period cover id is/_ the date of leaving office.	/, through			